DECLARATION	N AND POWER OF ATT	TORNEY - ORIGIN	AL APPLICATION	Attorney's Do 201-1464	ocket No.	
As a below named My residence, pos	i inventor, I hereby decl t office address and citi	are: zenship are as stated	below next to my nam	<b>e</b> ;		
I verily believe I ar and for which a pa	n the original, first and s tent is sought on the im	sole inventor or an orig vention entitled	ginal, first and joint Inv	entor of the subject met	ter that is claimed	
SAFETY LATCH						
the specification o	f which is attached here	ito.				
I have reviewed ar	nd understand the conte	ents of the specification	n identified above, incl	uding the claims.		
accordance with S as to application to	ection L56(a), Title 37 c	of the Code of Federal certificate on the inven	Regulations; and tion filed in any countr	the examination of this any of the united states the second section to the united section.		
[]	no such applications ha	ve been filled, or				
[ <b>x</b> ]	such applications have l	been filed as follows:				
[] [	hereby claim the benef	it under 35 U.S.C. 119	(e) of any United State	es provisional applicatio	in(s) listed below	
COUNTRY	APPLICATION NO.	DATE OF FILING (month, day, year)	DATE OF ISSUE (month, day, year)	PRIORITY CLAIMED UNDER 35 USC 119	Additional provisional application numbers are listed	
EP	02013659.4	6/20/2002		NO	on a supplemental priority data sheet	
					PTO/SB/02B attached hereto.	
application designs is not disclosed in U.S.C. § 112, I ack	ating the United States, the prior United States on mowledge the duty to di	listed below and, inso or PCT international ap- sclose information whi	far as the subject mate pplication in the mannich is material to pater	§ 365(c) of any PCT in ter of each of the claims or provided by the first p ntability as defined in 37 CT international filing de	of this application paragraph of 35 CFR § 1.58 which	
(Application Number)		(Filing Date) (S		Status - patented, pending, abandoned)		
(Application Number)		(Filing Date)	(Status	(Status - patented, pending, abandoned)		
POWER OF ATTO prosecute the appli foreign Patent Offk	ication identified above,	appoint Practitioners at and to transact all but	t Customer No. 02284 ciness in the United S	4, as my/our attorney(s) tates Patent and Trader	or agent(s) to mark Office and all	

### Customer No. 022844

### Address all correspondence and telephone calls to: Customer No. 022544

Gigette M. Bejin Ford Global Technologies, LLC One Parklane Boulevard 600 East Parklane Towers Dearborn, Michigan 48126

Telephone: (313) 337-2966

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are purishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements mity jeopardize the validity of the application or any patent issuing thereon.

NAME AND MAILING ADDRESS OF INVENTOR:	RESIDENCE	CITIZENSHIP	SIGNATURE	DATE:
Christer Gustav Dominique H ggvgen 19d Torslanda 423 53 se	423 53 se	Sweden	AD.	73 2003

Attorney Docket No: 201-1464 Please call 313-322-7762 if this paper becomes separated from the file.

### PATENT APPLICATION

ASSISTANT COMMISSIONER FOR PATENTS Washington, D. C. 2023I

Case Docket No. **201-1464** Date: July 9, 2003

Sir:

Inventor(s):

**Christer Dominique** 

For: LATCH

The attorney or agent below has reviewed this application and its attachments and consents to electronic filing by the assignee.

Respectfully submitted:

Sigette Modejin

Attorney or Agent of Record Registration No. 44,027 Ford Global Technologies, LLC.

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## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Christer Dominique

Serial No.: [Application filed concurrently herewith]

Title: SAFETY LATCH

Docket No.: 201-1464

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### CERTIFICATE OF MAILING (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Assistant Commissioner for Patents, Washington, DC 20231 on \_\_\_\_\_\_ by \_\_\_\_\_\_.

# **Information Disclosure Statement**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Forms PTO/SB/08A and/or 08B are submitted herewith pursuant to the provisions of 37 CFR 1.97 and 1.98(a) as a means of complying with the requirements of 37 CFR 1.56 with respect to the above identified application. In accordance with Patent Office guidelines, copies of the citations listed on the attached form are enclosed.

Respectfully submitted,

Gigette M. Bejin

Attorney for Applicant(s)

Reg. No. 44,027

Telephone: (313) 337-2966

ate: 11005 Please direct all correspondence to:

Customer No. 022844

INFORMATION DISCLOSURE STATEMENT BY APPLICANT			Application Number Filing Date		To be assigned Herewith			
(use as many sheets as necessary)			Group Art Unit					
				Examiner Name				
Shee	Sheet of			Attorney Docket Number 201-1464		4		
				U.S	. PATENT DOCUME	NTS		
	Cite No. 1	DOCUMENT NUMBER	Kind Code <sup>2</sup> (if known)		NAME	N.A.I	DATE M-DD-YY	Pages, Columns, Lines, Where Relevant Passages or Relevant
		5092637	1	Miller		03-03-92		Figures Appear
		5172945		Doh	erty et al.	12-22-92		<del> </del>
		5445326		Ferr	o et al.	08-29	-95	
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#### EXAMINER INITIAL\* Cite Kind Code<sup>5</sup> DATE Pages, Columns, Lines, No. Office<sup>3</sup> Number<sup>4</sup> (if known) NAME MM-DD-YY Where Relevant Passages or Relevant Figures Appear EP 0322266 **B1 Taunay**

**EXAMINER** 

Substitute for form 1449A/PTO

DATE CONSIDERED

Complete if Known

<sup>\*</sup>Examiner: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup>Unique citation designation number. <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached. <sup>3</sup>Enter Office that issued the